

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: FACTOR IXa SPECIFIC ANTIBODIES  
DISPLAYING FACTOR VIIIa LIKE ACTIVITY

Attorney Docket Number:: 20695C-006400US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 11

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Austria  
Status:: Full Capacity  
Given Name:: Randolph  
Middle Name::  
Family Name:: Kerschbaumer  
Name Suffix::  
City of Residence:: Vienna  
State or Province of Residence::  
Country of Residence:: Austria  
Street of Mailing Address:: Peter-Jordan-Strasse 32-34/17  
City of Mailing Address:: Vienna  
State or Province of mailing address::  
Country of mailing address:: Austria  
Postal or Zip Code of mailing address:: 1190

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Austria  
Status:: Full Capacity  
Given Name:: Friedrich  
Middle Name::  
Family Name:: Scheiflinger  
Name Suffix::  
City of Residence:: Vienna  
State or Province of Residence::  
Country of Residence:: Austria  
Street of Mailing Address:: Michelbeuerngasse 4/17  
City of Mailing Address:: Vienna  
State or Province of mailing address::

Country of mailing address:: Austria

Postal or Zip Code of mailing address:: 1090

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

### **Foreign Priority Information**

Country:: Application number:: Filing Date::

### **Assignee Information**

Assignee Name:: Baxter International Inc.

Street of mailing address:: One Baxter Parkway

City of mailing address:: Deerfield

State or Province of mailing address:: IL

Country of mailing address:: US

Postal or Zip Code of mailing address:: 60015

Assignee Name:: Baxter Healthcare S.A.

Street of mailing address:: Hertistrasse 2  
CH-8306 Wallisellen

City of mailing address:: Zurich

State or Province of mailing address:: Kanton

Country of mailing address:: Switzerland

Postal or Zip Code of mailing address::